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BULLETIN
OF
The American Gastroscopic Society

EDITOR—ROY LYMAN SEXTON, M.D., 1801 Eye Street, N. W., Washington 6, D. C.
ASST. EDITORS—EDDY PALMER, M.D., Walter Reed Hospital, Washington 12, D. C.
DONALD MARION, M.D., 1040 Dupont Building, Miami, Florida
JOHN TILDEN HOWARD, M.D., 12 East Eager Street, Baltimore, Md.

VOL. III SEPTEMBER, 1952 NO. 5

SPECIAL ISSUE

Description and Listings of Available Gastroscopes and Esophagoscopes

This issue presents a summary of all of the American made gastroscopes which may be purchased as of this date. The name and address of the manufacturer is listed, together with the name and brief description of the instrument. It is hoped that this issue will serve as a reference for any physician contemplating gastroscopy. Thus he may briefly and quickly review the available instruments, their mechanical-optical characteristics and intended use.

It is understood that nothing contained in this publication constitutes an endorsement or advertisement for any particular instrument or maker.

Dr Hufford deserves commendation for his timely effort in reviewing the specifications of the various instruments and in summarizing them for us. His material is presented herewith.

A Compendium of American Esophogoscopic and Gastroscopic Instruments

BY: A. RAY HUFFORD, M.S., M.D.
Grand Rapids, Michigan

Present day gastroscopy, and indirectly the more recent designs in esophagoscopic instruments, had its inception about 1930 when Rudolph Schindler and Georg Wolf, of Berlin, Germany, introduced the first flexible type gastroscope. This German made flexible gastroscope has been to a great measure the model for all makes of flexible type gastroscopes produced since that time both here and abroad.

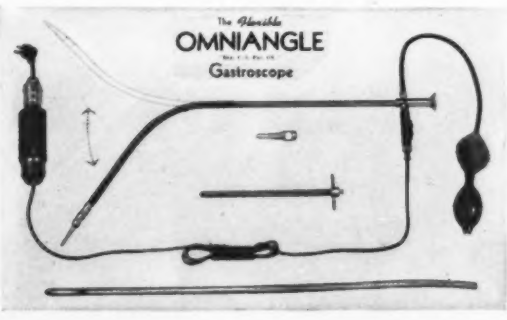
The optics of the original German scope were excellent, but it possessed certain mechanical weaknesses such as, the phosphor bronze spiral which was unable to withstand the strain of continuous use, and the original 85° angle of vision which afforded a large field but lacked proper definition.

Shortly after Schindler came to this country to teach, he and the Cameron Company, of Chicago, modified the original German gastroscope by substituting a tapered ground stainless steel spiral and a 45° angle of vision. They also developed a current control and improved the lamp so that gastroscopes could be safely used from electric light current as well as batteries. This prism gastroscope was produced for a few years as the Cameron-Schindler gastroscope.

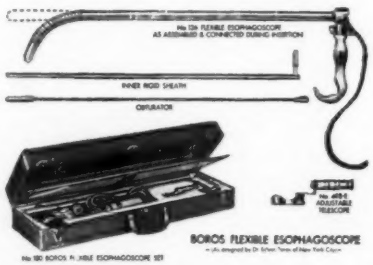
CAMERON SURGICAL SPECIALTY COMPANY, 666 W. Division St., Chicago, Ill., are now producing the following line of entirely ground-free peroral endoscopic instruments:

(1) THE CAMERON FLEXIBLE PRISM GASTROSCOPE, MODEL No. 745-A. Has 47 treated and coated optical elements of which, the prism or first surface mirror has a fixed 45° angle. Is 77 cm. in length with an approximate diameter of flexible portion of 12 mm. The flexible section is about 32.5 cm., and has a neophrene outer and inner sheath. The net weight with handle is 11.5 ounces. The lamp can be used at any voltage from 6 to 25, but the usual gastroscopic voltage is 12, operated on 110 volt A.C., or 220 volt A.C., thru a transformer or from a heavy duty battery. The visual area at 2″ from objective is a circle 1-⅞″ in diameter.

(2) THE CAMERON FLEXIBLE OMNIANGLE GASTROSCOPE, Model 880-A—Approximately the same length, diameter, lens system, lighting, and weight as the prism instrument, but has a first surfaced tilting mirror, moved from a prograde to a retrograde position by means of a magnetic solenoid which is operated by a button on switch handle. The visual area with the Omniangle mirror in the retrograde position and the fixed prism is the same and the visual field is the same size, but when the Omniangle mirror is tilted to the forward position, an added area of equal size is seen.



(3) THE BOROS FLEXIBLE ESOPHAGOSCOPE is stainless steel throughout with an aluminum detachable handle. The flexible section is 11.5 cm. It comes in several sizes, the most popular 8 mm. by 45 cm., weight 12 ounces; and 9 mm. by 53 cm., weight 15 ounces with handle. The scope comes with an obturator which protrudes beyond the open end to permit passage of scope as a closed end esophagoscope, it can also be used in this manner with an Ewald stomach tube if a rubber finger end is desired, or it can be passed without the obturator for passage as an open end esophagoscope. The flexible portion can be made rigid or flexible at will, with or without entire removal of a rigid sheath, at any stage of the esophagoscopy. The illumination is obtained by a boilable, bright 2 volt lamp positioned at the distal end of scope in a detachable light carrier. A telescope with achromatic lenses is optional, and can be attached to proximal end of scope on swivel to permit operator to work with or without magnification as desired. Magnification varies with length of scope, and averages 2x. Any esophagoscopic or gastric biopsy forceps can be used with this instrument.



The EDER INSTRUMENT COMPANY, 2293 N. Clybourne Ave., Chicago, Illinois, manufacture a full line of scopes, usually known as the Eder scopes. At present four special gastroscopes and one type of esophagoscope are produced with accessories.

(1) The standard flexible gastroscope is listed and known as the new EDER FLEXIBLE GASTROSCOPE—is approximately 77.5 cm. overall, of which the flexible portion is about 27 cm. of stainless steel spiral rubberized, with latex sheath, tied at ends with surgical nylon, and capped with stainless steel ring fittings to produce a flush and smooth surface with contact of the rest of the scope. The maximum diameter is 10.5 mm., and net weight with handle is 8 ounces. The optical system contains 47 optical elements, coated lenses, first surface mirror. Magnification of 4 X at 1″ and 2 X at 2″ from objective lens. Angle of vision is fixed 42°, of which 23° is prograde and 19° retrograde. Illumination is by means of a light bulb which operates most efficiently on 9 volts. Current is supplied to scope by a standard type transformer, or by the special Eder Micro-volt Transformer supplied to operate for 110 or 220 volts A.C., 60 cycles. This transformer eliminates the trouble of using improper voltage, as fine adjustment can be made to fraction (1/10th) of a volt and registers on a built-in voltometer.

(2) THE EDER FLEXI-RIGID GASTROSCOPE is approximately 75 cm. in length, and weighs about 8 ounces with handle. The flexible section is 10.5 mm. maximum diameter, 18.5 cm. in length, of rubberized stainless steel and latex sheath. The optics are in a special inner sheath which can be completely removed, but for passage of scope, is only withdrawn beyond the flexible section to permit flexible passage of scope; and when scope is in position, is inserted to and locked in position at head end forming a rigid scope during examination so no cut out is possible. This optical tube although secured works up or down in the outer sheath for approximately 3 or

4 mm. sufficient to allow manual adjustment of the pivoted first surfaced mirror in objective head, which can be changed from prograde to retrograde position thru an arc of 80° without shifting position of instrument. Objective lens fixed position of 23°. The lens obturator contains only 26 optical elements and accounts for the instrument's clarity, definition, and magnification, which is listed as 8X at 1" and 2X at 3" from objective mirror. Visual field is 1 3/32" at 1", and 1-1/4" at 3" from objective mirror.

(3) THE EDER CHAMBERLAIN FLEXIBLE GASTROSCOPE MODEL 400 AND 400 MODIFIED are improved modifications of the English Taylor controlled flexible gastroscope. The optical system is similar to the standard Eder scope with coated lenses, but adjusted to particular needs of the controlled flexible scope. Illumination is the same as in standard scope. The total length of Model 400 is 34" with flexible portion 5-1/4", 12 mm. diameter, and net weight with handle 15 ounces. The 400 Modified is 31-1/2" with flexible section 10-1/2", diameter 12 mm., and net weight 15-1/2" with handle. The flexible section in either can be angulated in one plane, a full 30° up or down from the neutral straight position by manipulating a control wheel at proximal end of scope. The angle of vision at any fixed position is 40° with area of vision 3.8 cm. in diameter, and magification of 3 X at 2" from the objective mirror. With full flexion and extension of the instrument, it is possible to achieve an angle of 100° visualization. This instrument comes equipped with either the standard type lamp with protruding rubber finger or the bullet type lamp housing.

(4) THE EDER BIOPSY GASTROSCOPE just recently developed is a controlled flexible type gastroscope similar to the Eder Chamberlain, incorporating a suction biopsy cutter. While the instrument is still undergoing some minor changes, no definite specifications will be given at this time. For further information, the manufacturer should be contacted.

(5) THE EDER-HUFFORD FLEXIBLE ESOPHAGOSCOPES with distal and proximal telescopes were developed primarily for use by the gastroscopist. The instrument is furnished in two standard sizes—7 mm. x 45 cm., and 7 mm. x 53 cm. The 9-1/2 mm. scope in 45 cm. and 53 cm. The rigid section of the scope is chrome plated stainless steel fitted with channel for light carrier and suction tube. A flexible stainless steel obturator tipped with a rubber finger fits flush in the open end and protrudes 8" to allow flexible introduction into the esophagus and removed once scope is in place. Then the optical obturator can be placed inside scope to proper focal depth, or if preferred, a proximal telescope with 3 X magnification can be used especially for biopsy or surgical work.

Accessories for the Eder-Hufford Esophagoscope are: (1) Injection needles for esophageal varies in sizes 2-1/2 mm. x 50 and 55 cm. (2) A suction biopsy cutter especially for esophageal or bronchial use is free from danger of puncturing too deep, and takes a cut of equal diameter and thickness.

METRO TEC SCOPE MAKERS, 154 East Erie St., Chicago 11, Illinois, list one gastroscope known as "THE SCHINDLER FLEXIBLE GASTROSCOPE." The overall length is 78 cm. with maximum diameter of flexible section 10.5 mm. The lens system and arrangement is standard with angle of vision approximately 56°, visual field of 2-1/2", diameter at 2". Illumination is by a 15-volt lamp; a transformer is used to drop standard 120-volt alternating current to 15 volts alternating current. The handle houses a rheostat which controls the voltage from zero to 15 volts by finger tip button control.

AMERICAN CYSTOSCOPE MAKERS, INC., 1241 Lafayette Avenue, New York, N. Y., manufacture the Benedict operating gastroscope, the A.C.M.I. examining gastroscope and the Schindler optical esophagoscope with telescopic visual systems. A teaching attachment, and apparatus for endoscopic photography used in conjunction with these instruments are also available.

(1) BENEDICT FLEXIBLE OPERATING GASTROSCOPE This precision optical instrument has a rigid length of 14.3" and a flexible length of 13.8". The largest diameter of the rigid portion is .570". The flexible portion is .590". The instrument is oval in cross section. At a distance of 1½" from the objective lens to the surface being visualized, the picture is normal size. The field of vision is flat and distortion free. All lenses are fully corrected for color, spherical aberration and coma, and provide maximum clarity of vision. The instrument has a visual field of 56°. All lens surfaces are coated, thereby substantially increasing light transmission while minimizing flare or ghost images. The flexible portion contains a corrosion-resistant stainless steel spring. An adjustable eyepiece insures accurate focusing of the optical system even when the instrument is sharply bent. The rubber tip is permanently secured against accidental loss in the stomach. Illumination is provided by a 12-volt lamp. Current is furnished by a transformer for operation on 110V AC. The position of the objective lens facilitates cleaning the surface without withdrawing the instrument.

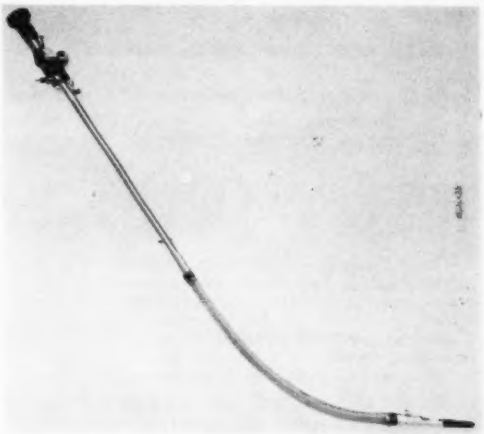


Figure #1 shows the complete Operating Gastroscope.

The Benedict operating gastroscope provides a means of obtaining a biopsy specimen and aspirating stomach secretions. A separate operating channel, together with an external mechanical means of manipulating a deflector, makes this possible.

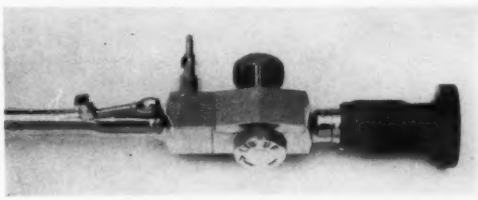
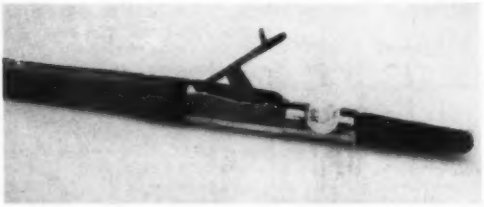


Figure #2 shows the proximal end of the operating gastroscope, with elevating mechanism and operating channel opening.

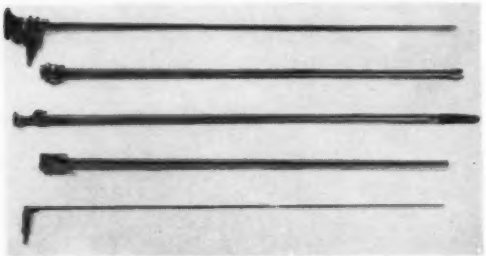
Figure #3 shows the distal end of the operating gastroscope illustrating the elevating mechanism and the tip of the biopsy specimen forceps.



The Benedict operating gastroscope provides an instrument for examination and obtaining biopsy specimens.

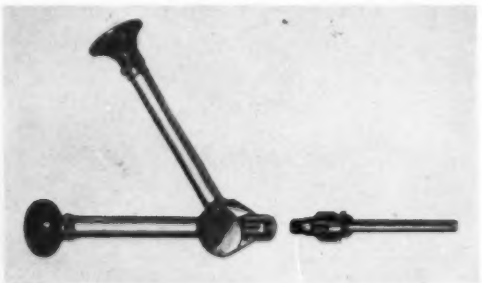
(2) A.C.M.I. EXAMINING GASTROSCOPE. This instrument has the same precision optical system as the Benedict operating gastroscope. The rigid section is 14.3″ in length and the flexible portion is 13.8″ in length. The diameter of the rigid portion is .500″ and that of the flexible portion 4.53″.

(3) SCHINDLER OPTICAL ESOPHAGOSCOPE. By means of the telescopic optical systems furnished with this instrument, the observer's eye is essentially located a short distance from the tissue being examined.



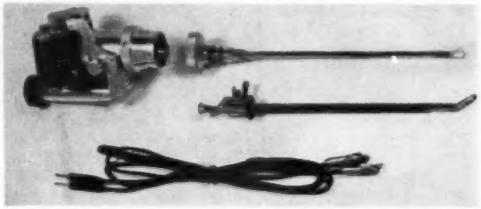
The conventional light carrier, together with a calibrated sheath and obturator, are supplemented by a secondary sheath for dilating constricted areas through which a telescope may be used for visualization. Forward, right angle, and retrospective vision are provided by separate telescopes. A specially constructed flexible rubber obturator eliminates the possibility of damage to delicate tissues.

(4) A.C.M.I. TEACHING ATTACHMENT. A teaching attachment is available for any telescopic instrument manufactured by A.C.M.I. This device makes it possible for 2 observers to view the identical subject simultaneously. The instructor obtains the brighter image straight through the system; whereas the angulated eyepiece provides a slightly darker image which is seen by the observer.



This device may be attached to any telescopic instrument manufactured by A.C.M.I.

(5) MCCREA ENDOSCOPIC PHOTOGRAPHIC APPARATUS. This equipment provides a means of taking endoscopic pictures in color or black and white. It may be adapted to any telescopic visual system manufactured by A.C.M.I.



The equipment shown is for urological procedures, but may be used with any A.C.M.I. visual telescopic instrument.

The camera is a Robot type which has shutter speeds of ½ to 1/500 of a second. The adapter which contains the lens system enables the observer to view the subject being photographed until the moment the exposure is made. One control knob aligns the lens system and the film, increases the lamp intensity for the duration of the exposure and automatically advances the film when released.

Editor's Note

As this issue goes to press a copy of Gastro-Enterology, Aug. 1952, Volume 21, No. 4, comes to my attention, in which a new biopsy instrument is introduced and offered by Dr. John Tomenius of Stockholm, Sweden. An abstract of the article and description of the instrument follows:

"This new instrument is based on the principal that a small strip of the stomach mucosa is sucked into a chamber through which a cylindrical knife is thrust downward thereby sectioning the tissues. This biopsy instrument has been altered so that it can easily be fitted to the usual flexible Wolf-Schindler gastroscope, thereby increasing the diameter of the scope only slightly. When attaching the biopsy instrument to the gastroscope, the rubber tip of the latter is removed and the biopsy head is screwed on in its place. A very thin rubber sheath is then drawn over the gastroscope with the enclosed biopsy wire held fast. On the upper end of the gastroscope the biopsy instrument is fastened to the gastroscope with a lock-nut. The instrument is said to be only a little heavier than the gastroscope.

The suction instrument is capable of taking a biopsy from different parts of the stomach one after another without removing the instrument. Dr. Tomenius has taken 15 biopsies at one time from different areas of of the gastric mucosa, all 15 parts being collected in the hollow cylindrical knife. There is no danger of taking mucosal specimens which are too large. The size of the specimen is determined by the size of the aperture, the strength of the suction, (determined by the vacuum meter), and the resistance of the stomach wall.

Dr. Tomenius has worked with this technique for four years without a single case of important bleeding or other complication. The instrument in manufactured by Kifa-Regeringstat 31 Stockholm, Sweden."

Minutes of the Annual Meeting of the American Gastroscopic Society

Claridge Hotel
Atlantic City, New Jersey
May 1, 1952

The meeting was called to order by the President, Dr. C. A. Flood, at seven o'clock p. m. Approximately thirty-five members of the Society were in attendance.

The minutes of the last annual meeting were approved as circularized in the BULLETIN.

The Treasurer submitted the financial report for the past year, which report was accepted by the Society. The Auditing Committee, consisting of Dr. C. J. Barborka, and Dr. J. Fitzgibbon, approved the report.

The Secretary submitted a report on the membership of the Society, as follows: Total membership—161. Resignations—3, as follows: Dr. L. B. Goldman, Dr. J. Krygier, and Dr. Underwood. Death—Dr. D. Davis. Delinquent dues—4. Request for inactive membership—Dr. C. Logefeil.

Dr. R. L. Sexton, Editor of the BULLETIN, urged members to submit more case reports and experiences, as well as new suggestions on problems relating to gastroscopy. It is quite urgent that the number of papers be increased.

The Chairman of the Admissions' Committee, Dr. D. C. Browne, indicated that throughout the past year four applications for membership had been received. One applicant was rejected and it was requested that the other three applicants submit additional reports for further consideration of their applications.

Dr. C. J. Barborka as Chairman of the Nominating Committee, reported as follows: For President—Dr. C. O. Patterson; for Vice-President—Dr. H. M. Pollard; for Secretary-Treasurer—Dr. J. T. Howard; for Editor of the BULLETIN—Dr. R. L. Sexton; for Chairman of the Admissions' Committee—Dr. D. C. Browne. This panel was approved by the Society.

Since there was no new business the meeting was adjourned at 7:20 o'clock p. m. The business meeting was followed by a two-hour round-table discussion on various problems of mutual interest in connection with gastroscopic examinations.

Respectfully submitted,

H. M. POLLARD, M.D., *Secretary-Treasurer*

Minutes of the Annual Meeting of the Governing Board of the American Gastroscopic Society

Hotel Claridge
Atlantic City, N. J.
May 1, 1952

The annual meeting of the Governing Board of the American Gastroscopic Society was held at the Claridge Hotel, Atlantic City, New Jersey, on Thursday, May 1, 1952.

The meeting convened at 4:00 o'clock p. m. in Dr. Pollard's room at the Claridge Hotel, with the following members present: Drs. Flood, Kirsner, Patterson, Saxton and Pollard. Dr. Browne of the Admissions' Committee and Dr. Barborka of the Nominating Committee, attended as did Dr. Fitzgibbon.

The meeting was called to order by the President, Dr. Flood. The minutes of the mid-winter meeting were approved as circularized. Dr. Pollard submitted the financial report of the Society to April 30, 1952, which report was accepted and approved.

The Secretary submitted a report on the membership of the Society, as follows: Total membership—161. Resignations—3, as follows: Dr. L. B. Goldman, Dr. J. Krygier, and Dr. Underwood. Death—Dr. D. Davis. Delinquent dues—4. Request for inactive membership—Dr. C. Logefeil.

The action of the Governing Board as to the above items was as follows: The resignations of Dr. Goldman, Dr. Krygier, and Dr. Underwood were accepted. The obituary and memoriam of Dr. Davis had already been published in the BULLETIN of the Society. It was requested that those delinquent in their dues be notified by registerd mail. An inactive membership was granted Dr. Logefeil, for reasons of health.

The Editor of the BULLETIN, Dr. R. L. Sexton was called upon for his report. Dr. Sexton commented that there had been two issues of the BULLETIN since the time of the last meeting, and his concern was over the fact that papers were very slow in coming in for publication. He urged that more of the members submit information of general interest to the Society, dealing with gastroscopy and new instruments.

Dr. D. C. Brown of the Admissions' Committee reported that Dr. Westwater had been approved by the Committee for admission.

The Governing Board voted to underwrite the charges for the cocktail party following the scientific discussion the afternoon of May 1, and before the dinner of the American Gastroscopic Society.

There was some discussion regarding the future of the Society. It was decided to defer any further action about this until there had been careful evaluation of the program to be presented that afternoon.

The meeting adjourned at five o'clock p. m.

Respectfully submitted,

H. M. POLLARD, M.D., *Secretary-Treasurer*

AMERICAN GASTROSCOPIC SOCIETY MEMBERSHIP LIST

(Revised and Corrected)

Annis, J. W.....c/o Watson Clinic, Box 1021, Lakeland, Florida
Arndal, Otto.....638 N. Central Avenue, Glendale 3, California
Asher, Leonard M.....44 N. Bedford Drive, Beverly Hills, California

Baltz, James I.....Henry Ford Hospital, Detroit, Michigan
Bank, Joseph.....800 N. First Avenue, Phoenix, Arizona
Barborka, Clifford J.....700 N. Michigan Avenue, Chicago, Illinois
Barnett, Crawford F.....911 Doctor's Building, Atlanta, Georgia
Benedict, Edward B.....Massachusetts General Hospital, Boston, Massachusetts
Berger, S. S.....1621 Euclid Avenue, Cleveland, Ohio
Berk, J. Edward.....Medical Tower Building, 255 S. 17th St., Philadelphia 3, Pennsylvania
Berry, Leonidas H.....412 E. 47th Street, N. E., Cor. S. Parkway, Chicago, Illinois
Block, Malcolm.....760 Fidelity Medical Building, Dayton, Ohio
Blomquist, Olov A.....Boyle and Michigan Avenues, Los Angeles 33, California
Bonham, Dwight T.....30 Dogwood Lane, Rockville Centre, New York
Borland, James L.....430 West Monroe Street, Jacksonville 2, Florida
Boros, Edwin.....1067 Fifth Avenue, New York 28, N. Y.
Bower, Lester L.....1930 Chestnut Street, Philadelphia 3, Pennsylvania
Bray, Russell S.....454 Angell Street, Providence, Rhode Island
Breuhaus, Herbert C.....30 N. Michigan Avenue, Chicago, Illinois
Brodt, Leonard P.....1704 West 102nd Street, Chicago, Illinois
Browne, Donovan.....1520 Aline Street, New Orleans, Louisiana
Bustos, Jose O.....Rioja 2240, Rosario, Argentina
Buser, Julian W.....First National Bank Bldg., 327 Missouri Ave., E. St. Louis, Illinois

Carey, James B.....Nicollet Clinic, 1009 Nicollet Avenue, Minneapolis, Minnesota
Chamberlain, Donald.....Acuff Clinic, 514 W. Church Ave., Knoxville, Tennessee
Cohn, Allan L.....1880 Jackson Street, San Francisco 9, California
Cole, Louis J.....394 Bloor Street, West, Toronto 2, Ontario, Canada
Cook, Edward D.....109 Linwood Avenue, Buffalo 9, New York
Cooper, Harry L.....105 E. Jefferson Blvd., South Bend, Indiana
Crump, Armistead C.....555 Park Avenue, New York, N. Y.
Cunha, Felix.....4450 Sutter Street, San Francisco, California
Chang, Chu Huai.....Yale University School of Medicine, 333 Cedar Street, New Haven, Connecticut

Dailey, Morris E.....University of California Hospital, San Francisco, California
Deutsch, Emanuel.....469 Beacon Street, Boston, Massachusetts
Driscoll, R. E.....9300 S. Ashland Avenue, Chicago, Illinois
DuBois, Earl D.....1020 S. W. Taylor, Portland, Oregon

Fieman, Philip.....Medical Tower, 255 S. 17th Street, Philadelphia 3, Pennsylvania
Fitzgibbon, John.....Standard Insurance Building, Portland, Oregon
Fleishman, Alfred.....440 N. Taylor, St. Louis, Missouri
Flexner, James.....1 Greenridge Avenue, White Plains, New York
Flood, Charles A.....Harkness Pavilion, 180 Fort Washington Avenue, New York 32, N. Y.
Frank, Ludwig L.....Staats Hospital, W. Washington Street, Charleston 2, West Virginia
Furze, William E.....4313 E. Tulare Street, Fresno 1, California
Findley, John W., Jr.....800 N. First Avenue, Phoenix, Arizona

Garvin, Robert O.....5004 Jenkins Arcade, Pittsburgh, Pennsylvania
Geier, Fred.....1801 Eye Street, N. W., Washington 6, D. C.
Giere, C. N.....1010 Medico-Dental Building, Sacramento 14, California
Ginsburg, H. M.....710 Patterson Building, Fresno, California
Gold, Rubin.....450 Sutter Street, San Francisco, California
Gonzales, Abraham Ayala.....Plaza de La Republica No. 46, Mexico, D. F.
Goodman, Sander.....Vernon Manor, Cincinnati, Ohio
Gordon, Wayne.....400 Hart-Albin Building, Billings, Montana
Gray, Seymour J.....Peter Bent Brigham Hospital, Boston, Massachusetts
Groom, Horace E.....1359 McCutcheon Road, St. Louis, Missouri

Hall, Winston C.....2405 Fourth Avenue, San Diego 1, California
Hardt, Leo L.....30 N. Michigan Avenue, Chicago, Illinois
Hoskins, W. H.....Whiteville, North Carolina
Howard, John Tilden.....12 East Eager Street, Baltimore, Maryland
Howe, H. F.....2001 Collingwood, Toledo, Ohio
Hufford, A. R.....505 Medical Arts Building, Grand Rapids, Michigan
Hennig, George C.....Harkness Pavilion, 180 Fort Washington Avenue, New York 32, N. Y.
Holinger, Paul H.....700 North Michigan Boulevard, Chicago 11, Illinois

Ide, Lucien W.....902 Edmond Street, St. Joseph, Missouri

Jackson, Chevalier L.....3401 N. Broad Street, Philadelphia 40, Pennsylvania
Jaffe, N. B.....East Texas Sanitorium, Tyler, Texas
Jankelson, Isaac R.....483 Beacon Street, Boston, Massachusetts
Johnson, W. R.....408 Medical Building, Asheville, North Carolina
Johnston, R. L.....303 S. Main Street, Bluffton, Indiana

Keane, Roger.....1130 S. W. Morrison Street, Portland, Oregon
Kenamore, Bruce.....3720 Washington Boulevard, St. Louis 8, Missouri
Kimball, Stockton.....24 High Street, Buffalo 3, New York
Kippen, Duncan.....Winnipeg Clinic, St. Mary's & Vaughan, Winnipeg, Canada
Kerkhof, Arthur C.....601 Medical Arts Building, Minneapolis, Minnesota
Kirsner, Joseph B.....950 E. 59th Street, Chicago 37, Illinois
Klein, Harold C.....Heights Medical Center Bldg., 2460 Fairmount Blvd., Cleveland Heights 6, Ohio
Klein, Alfred J.....1308 Rust Street, Eau Claire, Wisconsin
Kullman, Harold J.....Veterans Administration, Dearborn, Michigan
Kushlan, Samuel D.....303 Whitney Avenue, New Haven, Connecticut
Klotz, Arthur P.....Department of Medicine, University of Chicago, Chicago 37, Illinois

Lage, Raleigh H.....411 30th Street, Oakland 11, California
Levy, Milton.....969 Park Avenue, New York 28, N. Y.
Lieberthal, Milton M.....881 Lafayette Street, Bridgeport, Connecticut
Lipman, Max P.....2007 Wilshire Boulevard, Los Angeles, California
Loe, Ralph H.....Broadway Medical Center, 724 Broadway, Seattle 22, Washington
Logan, W. P.....Watson Clinic, Lakeland, Florida
Logefeil, Rudolph C.....1111 Nicollet Avenue, Minneapolis, Minnesota
Long, George B.....7116 S. E. 34th, Portland 2, Oregon
Levin, Erwin.....Department of Medicine, University of Chicago, Chicago 37, Illinois

Maimon, Samuel N.....1600 Campus Drive, Dayton, Ohio
Maloney, John James.....3628 Warsaw Avenue, Cincinnati 5, Ohio
Marshall, Edward A.....9400 Euclid Avenue, Cleveland 6, Ohio
McGlone, Frank B.....1820 Gilpin Street, Denver 6, Colorado
Meienberg, L. J.....514 Mayer Building, Portland 5, Oregon
Mewberne, Edward.....2901 West Avenue, Newport News, Virginia
Milanes, Fernando.....4 No. 512 Entre 21 Y 23, Vedado, Havana, Cuba
Mintz, I. Lew.....439 S. La Cienega Blvd., Los Angeles 36, California
Moersch, Herman J.....Mayo Clinic, Rochester, Minnesota
Morrison, Lester M.....6333 Wilshire Blvd., Los Angeles 36, California
Murphy, H. M.....685 Delaware Avenue, Buffalo 9, New York
Marion, Donald F.....1040 Dupont Building, Miami, Florida
Marshall, Homer C.....Professional Building, Springfield, Missouri

Niemetz, David.....416 N. Bedford Drive, Beverly Hills, California
Nutter, Paul.....517 Medical Center Building, Spokane, Washington

Olsen, Arthur M.....102 Second Avenue, S. W., Mayo Clinic, Rochester, Minnesota
Ortmayer, Marie.....1207 E. 60th Street, Chicago, Illinois

Parkin, George L.....949 Third National Building, Dayton 2, Ohio
Patterson, Cecil O.....11th Floor, Medical Arts Building, Dallas 1, Texas
Paul, W. D.....University Hospital, Iowa City, Iowa
Paulson, Moses.....11 East Chase Street, Baltimore, Maryland
Pierson, John C.....45 East 85th Street, New York, N. Y.
Pollard, H. Marvin.....University Hospital, Ann Arbor, Michigan
Pritchett, Clark P.....463 East Town Street, Columbus, Ohio
Puestow, K. L.....Wisconsin General Hospital, Madison, Wisconsin
Palmer, E. D. (Lt. Col.).....Walter Reed Hospital, Army Medical Center, Washington 12, D. C.

Quinones, Ramon M.....Parada 35, Hato Rey, Puerto Rico

Rabin, Carl Hirsch.....1510 Amelia Street, New Orleans 15, Louisiana
Rafsky, Henry A.....79 East 79th Street, New York, N. Y.
Rence, W. G.....Sigourney Hospital, Sigourney, Iowa
Renshaw, R. John F.....1527 N. Broadway, Santa Ana, California
Rhomberg, Charlotte.....DeCourcy Clinic, 210 W. 9th Street, Cincinnati, Ohio
Richman, Alexander.....1111 Park Avenue, New York 28, N. Y.
Ricketts, William E.....950 E. 59th Street, Chicago 37, Illinois
Robinson, Hyman M.....470 Ocean Avenue, Brooklyn 26, New York
Rosenak, Bernard D.....5254 N. Delaware Street, Indianapolis, Indiana
Rossmiller, H. R.....Cleveland Clinic, Euclid Ave., at East 93rd Street, Cleveland, Ohio
Rouse, M. O.....1108 Medical Arts Building, Dallas, Texas
Rumball, John M.....Veterans Administration Hospital, Coral Gables 34, Florida

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Sandweiss, David.....9739 Dexter Boulevard, Detroit, Michigan
Scheff, Harold.....457 N. Kings Highway, St. Louis 8, Missouri
Schiff, Leon.....Cincinnati General Hospital, Cincinnati, Ohio
Schindler, Rudolf.....5720 Wilshire, Los Angeles 36, California
Schmidt, Herbert W.....Mayo Clinic, Rochester, Minnesota
Schwartz, I. Richard.....441 Ocean Avenue, Brooklyn, New York
Segal, Harry.....233 Oxford Street, Rochester, New York
Sexton, Roy L.....1801 Eye Street, N. W., Washington 6, D. C.
Shallenberger, Paul L.....438 Park Avenue, Waverly, New York
Shapiro, Nathan.....711 Doctor's Building, Cincinnati, Ohio
Shutkin, Michael W.....606 W. Wisconsin Avenue, Milwaukee, Wisconsin
Sloan, Fred R.....Waterloo Building, 531 Commercial Street, Waterloo, Iowa
Smith, DeWitt Hendee.....245 Nassau Street, Princeton, New Jersey
Soble, Ellis B.....152 Barrington Road, Rochester, New York
Stealy, Clair L.....2001 Fourth Avenue, San Diego, California
Steinberg, M. D.....555 Medical Arts Building, Portland, Oregon
Samuels, Norman A.....1150 Park Avenue, New York 28, N. Y.
Schlosberg, S. S.....5720 Wilshire Boulevard, Los Angeles 36, California
Shull, Harrison.....Vanderbilt Hospital, Nashville, Tennessee

Tavares, Clement A.....2120 Tuolumne Street, Fresno, California
Thompson, Harold L.....2202 West Third Street, Los Angeles 5, California
Towle, Robert A.....220 Main Street, Davenport, Iowa
Tumen, Henry J.....1900 Rittenhouse Square, Philadelphia, Pennsylvania

Voegtlin, Walter L.....819 Boylston Avenue, Seattle 4, Washington

Warren, Irving A.....1406 David Broderick Tower, Detroit 26, Michigan
Westwater, John O.....511 S. Bonnie Brae, Los Angeles 5, California
Wilbur, Dwight L.....655 Sutter Street, San Francisco 2, California
Winkelstein, Asher.....1185 Park Avenue, New York, N. Y.
Wirts, Charles W.....2017 Delancy Street, Philadelphia, Pennsylvania
Witherspoon, Jack.....706 Church Street, Nashville, Tennessee
Witherspoon, William M.....451 Park Avenue, Rochester 7, New York
Wolff, Regis A.....503 Professional Building, 429 Penn Avenue, Pittsburgh, Pennsylvania

Yarnis, Harry.....1075 Park Avenue, New York, N. Y.
Ylvisaker, R. S.....78 South 9th Street, Minneapolis, Minnesota